Please type a plus sign (+) inside	this box —	$\triangleright$
------------------------------------	------------	------------------

# 7.9.03

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless It display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	November 8, 2001	
Filing Date		
First Named Inventor	Thomas A. Epple	
Title	Automatic Pool Cover Box Equipment Mounting Assembly	
Group Art Unit	3751	
Examiner Name		
Attorney Docket Number	13776/98509-20	

I hereby appoint:  Practitioners at  OR  Practitioner(s) na	Customer Number		Piece Customer Number Bar Code Label <i>here</i>	
	Name	Regist	ration Number	
Robert C. Tu			31,434	
Mark E. Mah	Mark E. Mahaffey		53,253	
Lance A. Fos	Lance A. Foster		38,882	
Barnard F. M	Barnard F. Meroney			
as my/our attorney(s) o business in the United	r agent(s) to prosecute the application i States Patent and Trademark Office cor	dentified above nnected therew	, and to transact all ith.	
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Place Customer Number Bar Code Label here				
Firm or Individual Name	Mark E. Mahaffey			
Address	Jones, Walker, Waechter, Poitevent, Carr	ere & Denegre,	LLP	
Address	8555 United Plaza Blvd., 5th Floor			
City	Baton Rouge	State LA	ZIP 70809	
Country	USA			
Telephone	(225) 248-2124	Fax (225) 248	8-3124	
I am the: RECEIVED  Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  TECHNOLOGY CENTER R37				
SIGNATURE of Applicant or Assignee of Record				
Name Thomas A. Epple				
Signature Mondey W. CIDK				
Date 6/21/03				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
☑ *Total Of 1 forms are submitted.				

Approved for use through 10/31/2002, OMB 0661-0036

U,S, Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless It displays a valid OMB control number,

## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/005,839
Filing Date	November 8, 2001
First Named Inventor	Thomas A. Epple
Group Art Unit	3751
Examiner Name	
Attorney Docket Number	13776/98509-20

I hereby revoke all pre application:	vious powers of attorney or authorization	ons of ag	ent given in the above-identified		
A Power of Attorney or Authorization of Agent is submitted herewith.					
Please change the	correspondence address for the above-ide	ntified ap			
Customer	Number		Place Customer Number Bar Code Label here		
Firm <i>or</i> Individual Name					
_Address					
Address					
City		,	<del> </del>		
Country		State	ZIP		
Telephone		Fax			
I am the:  Applicant/Invento	or.		RECEIVED		
	ord of the entire interest. See 37 CFR 3. 37 CFR 3.73(b) is enclosed. (Form PT		JUL 0 8 2003 TECHNOLOGY CENTER R3700		
SIGNATURE of Applicant or Assignee of Record					
Name Thoma	as A. Epple				
Signature	onus a. Cale				
Date	127/03				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total offorms are submitted.					